CDFG Large Mammal Advisory Committee

Project Concept Form

Project Title:						
Contact Person (First, Last):				Proposed Start Date:		
Phone Number:				Proposed Duration:		
Email Address:				Does Project Require Helicopter Use?		
Collaborator(s):						
DFG Region (check all that apply): Northern Region North Central Region Bay Delta Region Central Region South Coast Region Inland Deserts Region Statewide			Project Theme (check all that apply): Resource Assessment Population Enhancement Habitat Conservation Regulatory Program Monitoring/Assessing Population Health			
County (leave blank if statewide):						
Budget Overview (Estimated):						
	Categor	y sonnel	<u> </u>	stimated Costs	-	
		ipment/Operating			-	
		stimated Cost:				
Budget Detail (Estimated):						
Ü	Fiscal Year (July 1 – June 30)	Amount		Fund Source	ce	
Need State	ement (a BRIEF outline d	escribing the need for	the concep	ot, the objectives and how	the effort will be o	conducted):

LMAC Tracking Number: